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COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE  
ANNUAL REPORT  
DUE JUNE 30, 2006



0538138

ORGANIZATION ID #

0538138

STATE OR COUNTRY  
OF INCORPORATION

KY

ORGANIZATION  
DATE

06/03/2002

FILING  
FEE

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

DIXIE CARRIERS, INC.  
6201 DIXIE ROAD  
DIXIE, GA 31629-9725

RECEIVED

MAR 21 2006

SECRETARY OF STATE  
COMMONWEALTH OF KY

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.

DORIS JUNE BURTON  
1499 PEA RIDGE ROAD  
AUGUSTA, KY 41002

(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

(5) **PRINCIPAL OFFICERS** If (5) is blank, type or print the **names and business addresses** of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and **give the business address** for each person listed.

President Larry Holleran

Address

Vice President Mary Holleran

Address

Secretary Mary Holleran

Address

Treasurer Larry Holleran

Address

Address

(6) **DIRECTORS** Type or print the **names and business addresses** of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). **Nonprofit corporations must list three (3) or more directors** (KRS 273.211). The annual report will be returned if business addresses are not listed.

Name

Address

Name

Address

Name

Address

Name

Address

(7) Check here if you are a cooperative corporation or association organized under KRS 272. ☐

Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279. ☐

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

*Mary Holleran*  
Signature of Officer or Chairman of the Board

*Mary Holleran*  
Type or Print Name

*Vice-President*  
Title

*3-6-06*  
Date

**ANNUAL REPORT AND FILING FEE**

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

**MAILING ADDRESS**

Trey Grayson  
Secretary of State  
P O Box 1150  
Frankfort, KY 40602-1150

**OFFICE LOCATION**

Secretary of State  
State Capitol, Room 154  
700 Capital Avenue  
Frankfort, KY 40601  
(502)-564-2848

**NOTE: P O Box 1150 is for  
annual report filings only.**